

SAMPLE

IMPORTANT

PLEASE RETURN THIS FORM COMPLETED BEFORE: MONDAY, MARCH 4, 2002

Dear FSS Participant:

The following is an update request on your household information. It is very important that you provide accurate information to update our files. This information will assist us in reassuring that you are working towards accomplishing your goals or in need of assistance in a specific area. **Please print your information.**

1. HEAD OF HOUSEHOLD INFORMATION:

Name: _____

Home Phone #: _____ (Please provide a number where you can be reached)

EMPLOYMENT INFORMATION:

Name of Company: _____

Address: _____ Start Date: _____

Phone #: _____ Circle One: F/T P/T Volunteer Seasonal

Position: _____

Salary: _____ Hourly/ Weekly/ Bi-Weekly/ Monthly

2. SPOUSE INFORMATION:

Name: _____

EMPLOYMENT INFORMATION:

Name of Company: _____

Address: _____ Start Date: _____

Phone #: _____ Circle One: F/T P/T Volunteer Seasonal

Position: _____

Salary: _____ Hourly/ Weekly/ Bi-Weekly/ Monthly

* If you are currently employed and have not reported your income information to our office, it is very important that you do so. *

3. MEDICAL BENEFITS:

Please specify the type of medical coverage all members of the household (including yourself) are currently covered by for example: Medicaid, Medicare, Blue Cross/ Blue Shield, NJ Kid Care, NJ Family Care, Aetna US Healthcare, Oxford, Americaid, UHP, Advance PCS, No Medical Coverage, etc. **If someone is not listed in your household, I will assume that a medical provider does not cover you or them.**

Name	Relationship	Type of Insurance Coverage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cont.

4. Are you currently receiving any of the following benefits? (Put a check to all that applies)

_____ Food Stamps _____ TANF (Cash Benefits) _____ Child Support _____ Unemployment _____ SSI

5. Are you currently enrolled in a training program? Yes No

If yes, please identify which program you are currently attending and attach a copy of the enrollment form.

_____ GED _____ ESL _____ Computer _____ College _____ Trade/ Technical School
_____ JTPA _____ Business School _____ Other: _____

6. Where are you attending the training selected above? _____

*If the training selected is a goal on your FSS contract, it is important that a letter **from the school** be forwarded to me along with this form. The letter will be attached to your goal sheet in the FSS contract. The letter should inform me about the type of program you are attending, enrollment date, dates and times you attend.

Comments or Suggestions:

SAMPLE

Please return this form completed along with a letter from the school and/ or training program you are attending as soon as possible by mail to the following address:

Housing Authority

Address

City, State, Zip

Thank you in advance for your prompt response. If you have any questions, feel free to contact the FSS Case Manager at (555) 555- 5555 Ext. 555.

Sincerely,

FSS Case Manager

FSS File (02/01/02)